

Contagious bovine pleuropneumonia and Contagious caprine pleuropneumonia

To vaccinate or not to vaccinate?

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CBPP

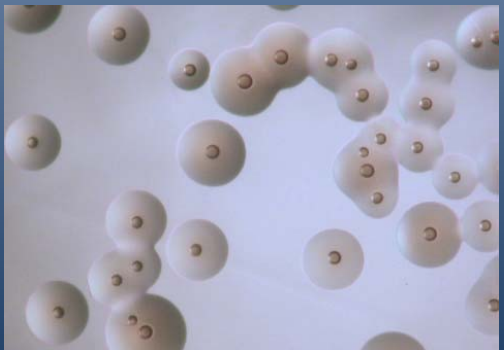


Bovidae

Affect ruminants



Enlargement
of interlobular
septa



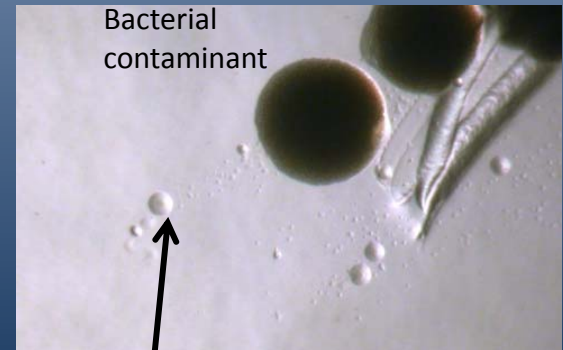
M. mycoides subsp. *mycoides* « SC »

CCPP



Goats and
wildlife

Unilateral
Pleuro-
pneumonia

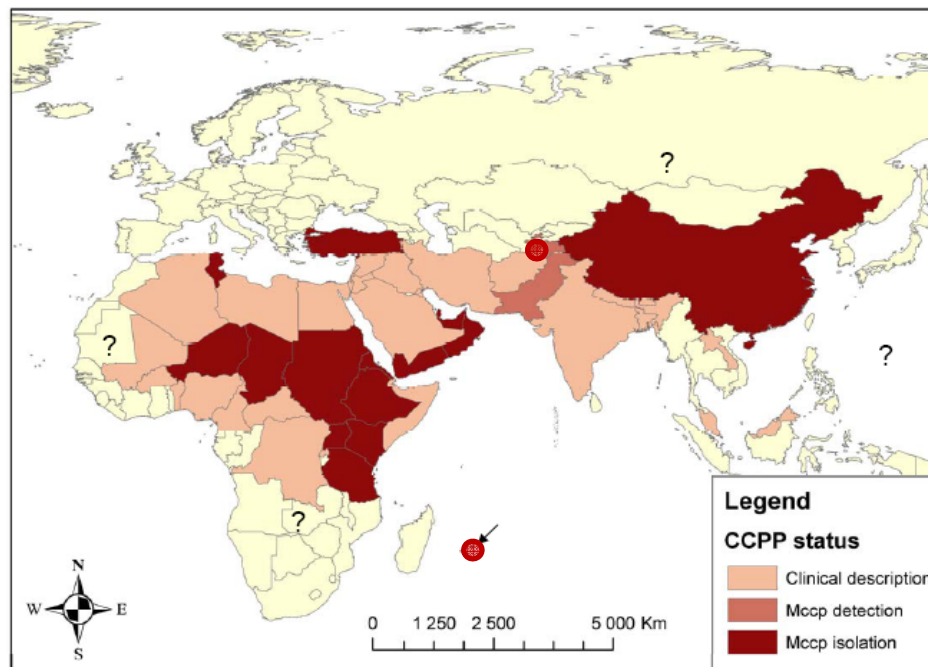
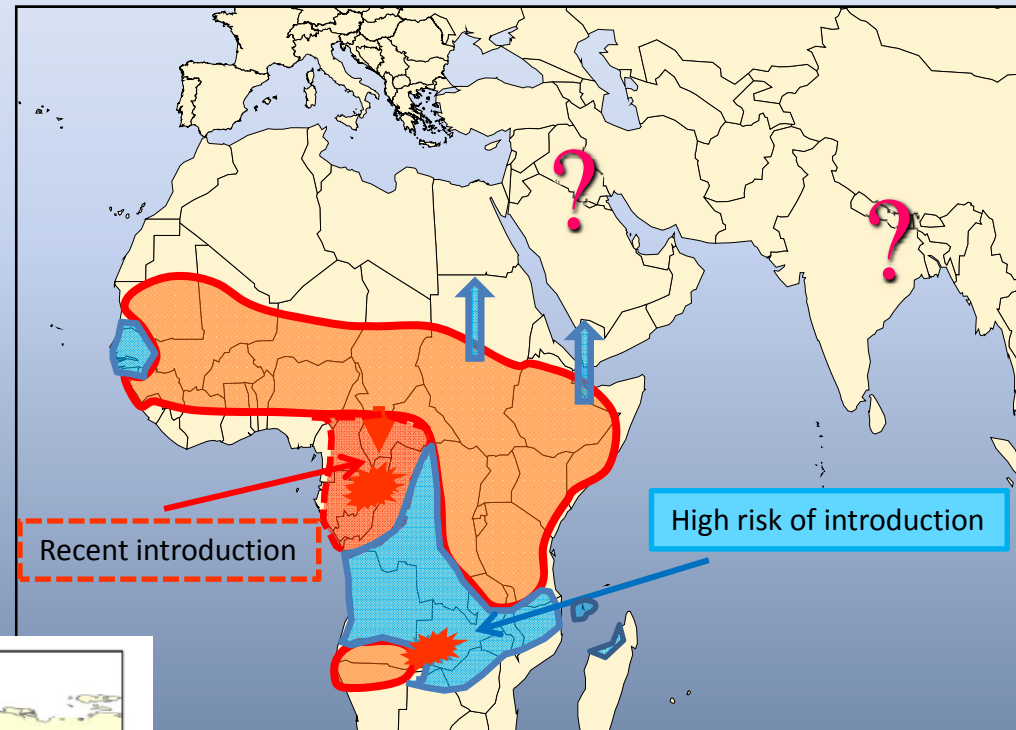


Bacterial
contaminant

M. capricolum subsp. *capripneumoniae*

CBPP Distribution and risk

- Sub-Saharan Africa mostly
- Recent introductions (Gabon, Congo)
- Situation in Asia not well known
- Real economical impact unknown
- Unreliable official declarations



CCPP Distribution

- Extends Eastwards to China
- Real extension unknown
- Recent introduction: Mauritius
- Recent evidence: Tajikistan

Steps and strategies to control/eradicate **CBPP** and **CCPP**

Evaluate distribution and economic impact

Choose a realistic objective and time-frame

Choose the best combination of technical tools

1)Slaughter-2)Vaccination-3)Movement control-4)Treatment
and spatio-temporal implementation
Evaluate socio-economic acceptance

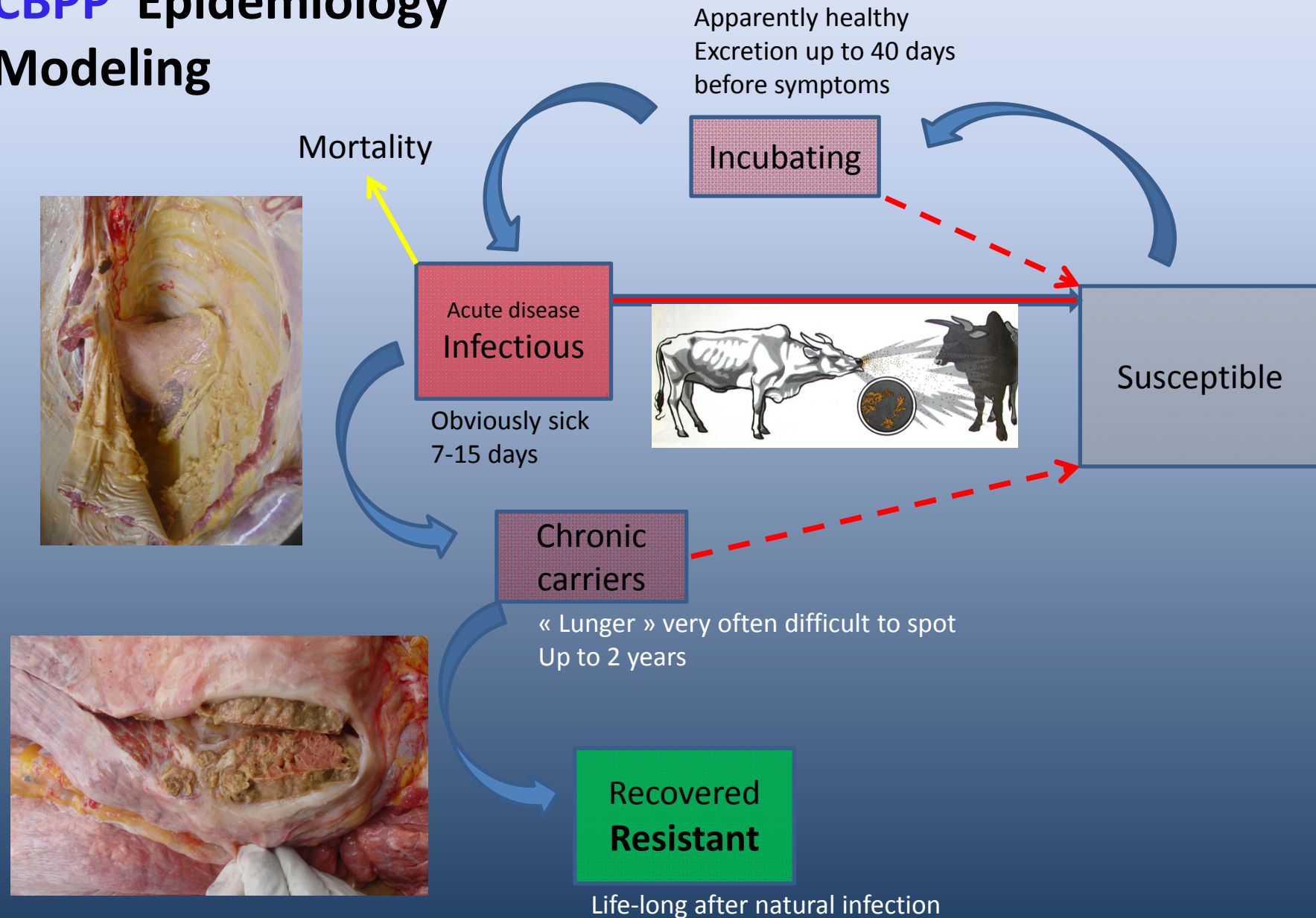
Gain political/financial and community support

Apply the strategy

Evaluate the strategy effectiveness (cost/benefit)

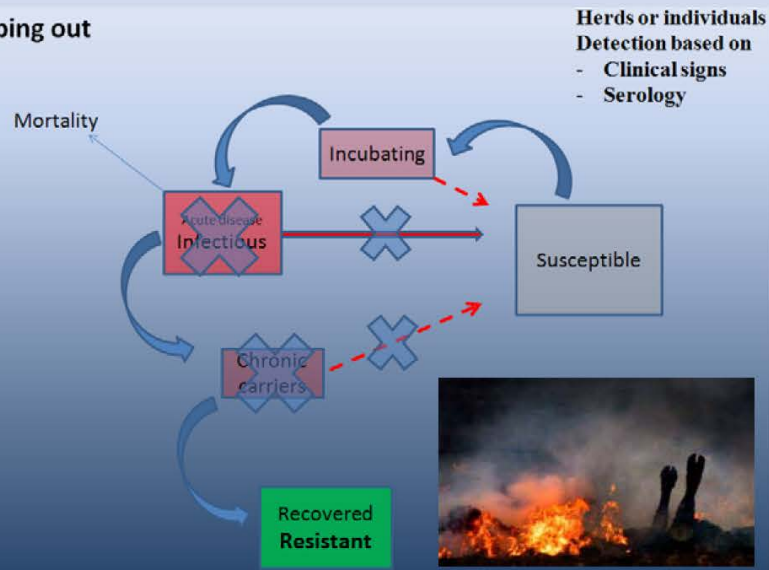


CBPP Epidemiology Modeling

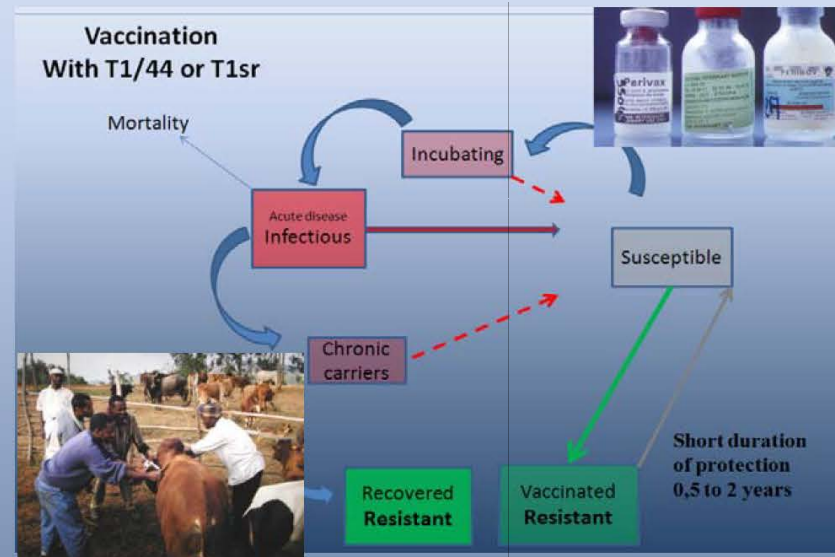


Modeling the impact of various control tools

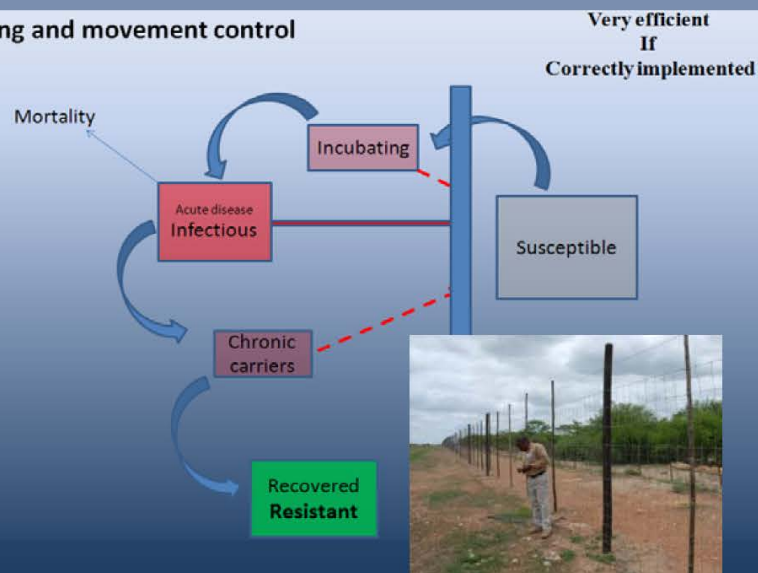
Stamping out



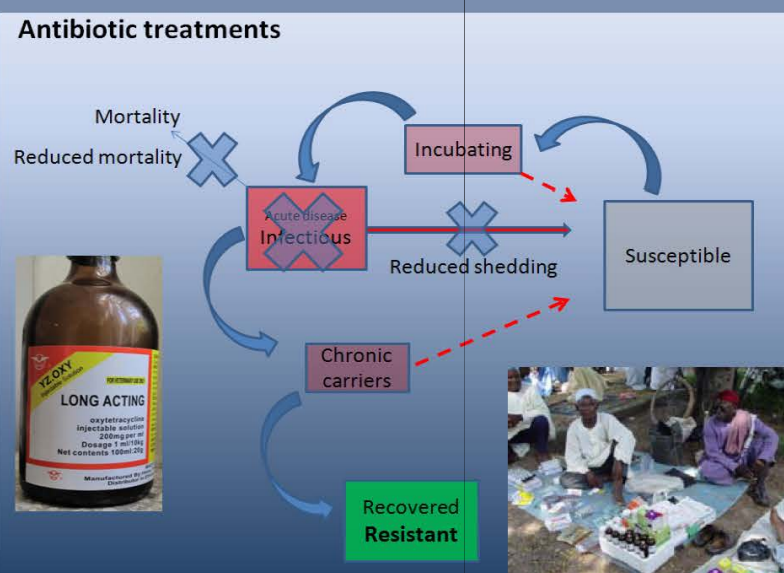
Vaccination With T1/44 or T1sr



Zoning and movement control



Antibiotic treatments



Control/eradication examples In the SADC for CBPP

Tanzania

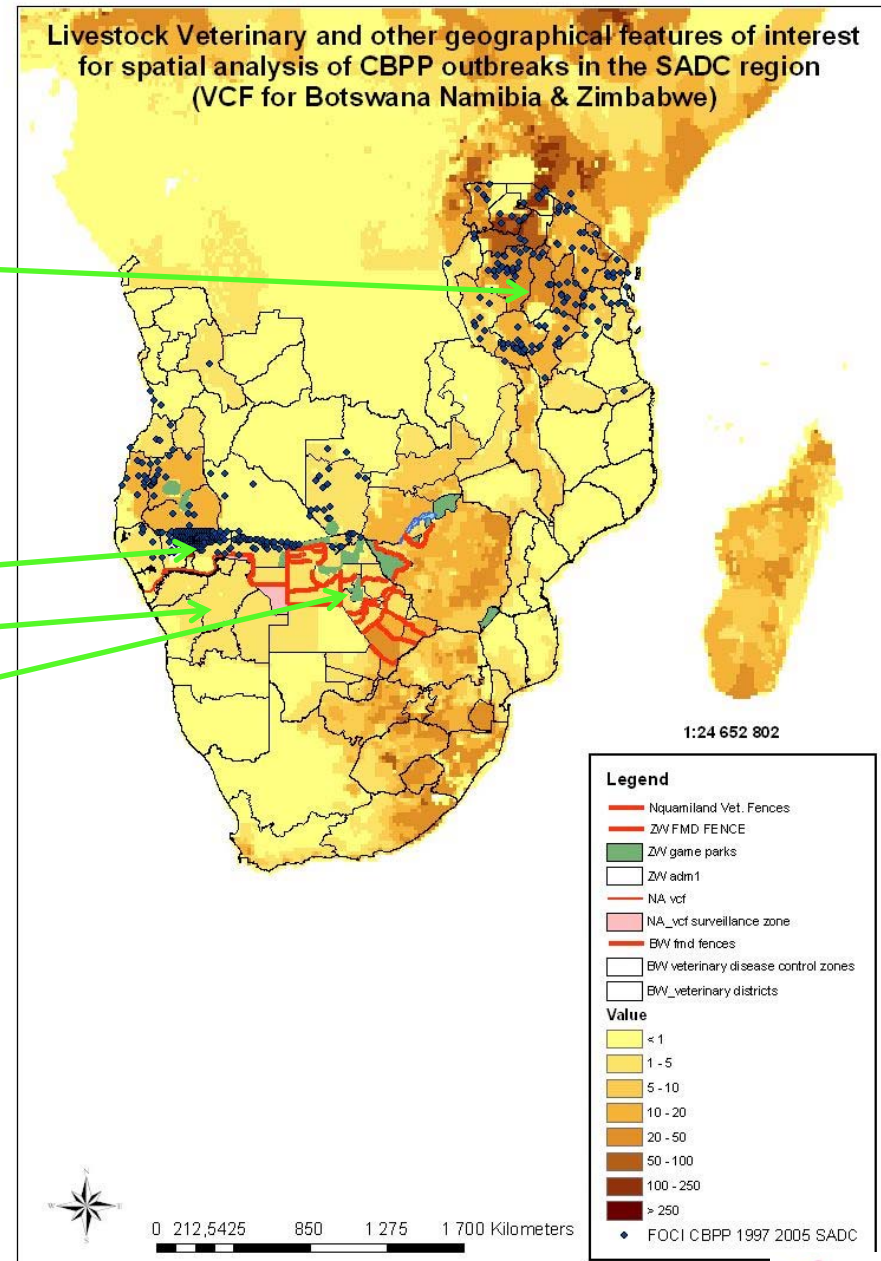
Vaccination alone
T1sr

Namibia

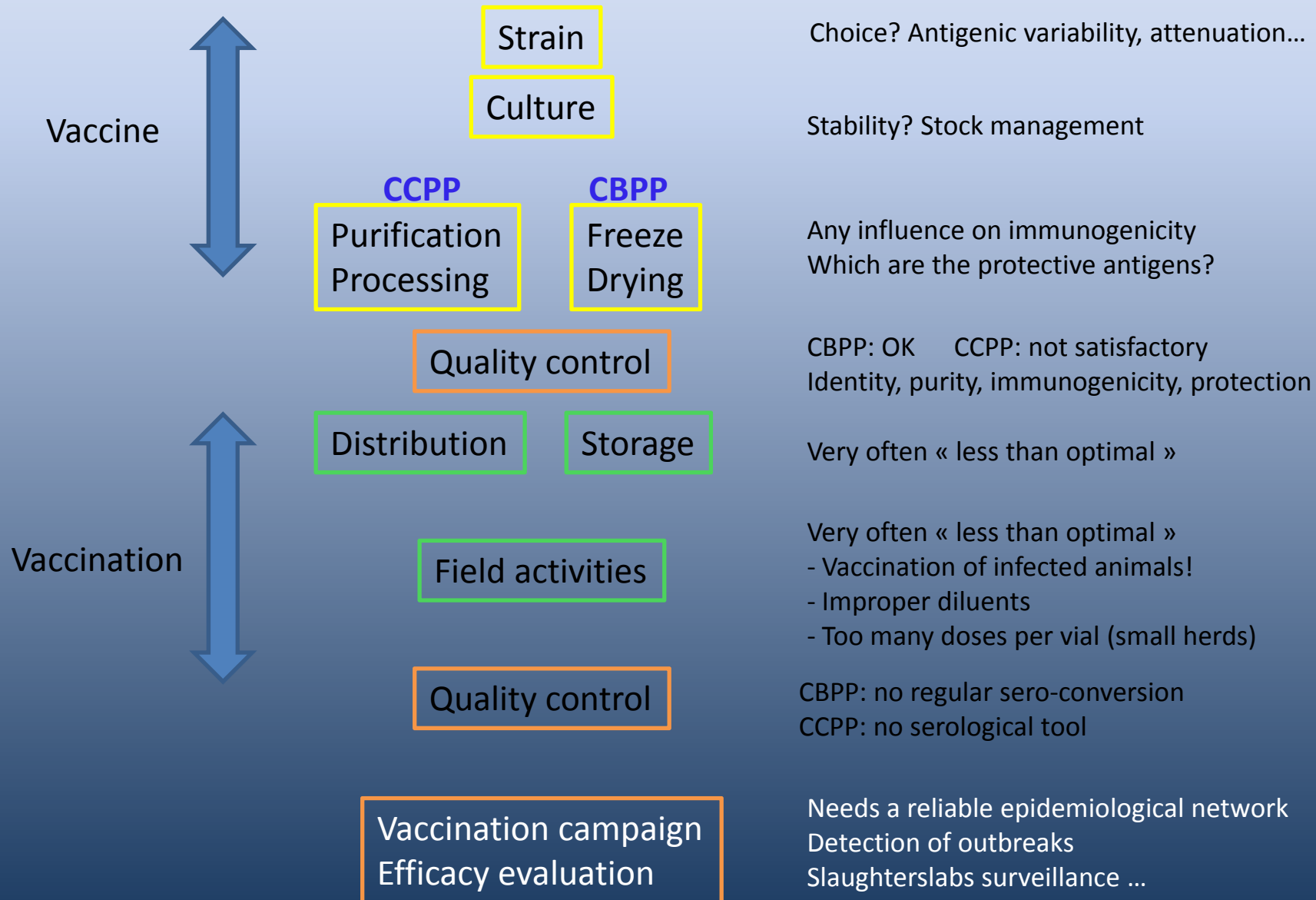
Zoning
Vaccination (North)
Surveillance (South)

Botswana

Stamping out
Whole susceptible
bovine population
In infected zone
Cordon fence
Limiting the infected zone



Some critical steps in vaccine production and field implementation



CBPP

Live, empirically attenuated strains



Advantages

- Relatively low production costs
- Very long conservation at -20°C once freeze-dried
- Easy administration (sub-cutaneous)
- T1sr: completely safe
- Transient sero-conversion (allows detection of outbreaks)
- Repeated vaccinations result in good protection

Drawbacks

- Thermolability (freeze-dried or reconstituted)
- Freeze-drying needs industrial skill
- T1/44: some residual virulence
- Lack of sero-conversion does not allow sero-monitoring of vaccination campaigns
- A single administration does not yield good protection
- Protection is short-lived (T1sr: 6 months, T1/44: one year)
- Eradication cannot be achieved with vaccination alone

CCPP

Inactivated-adjuvanted
whole purified mycoplasmas

Advantages

- Thermostability
- Compatibility with antibiotic treatments
- Inocuity (has to be checked! Depends on saponin)
- Sero-conversion allowing vaccination campaign efficacy follow-up
- Lower vaccination costs if multivalent vaccines available

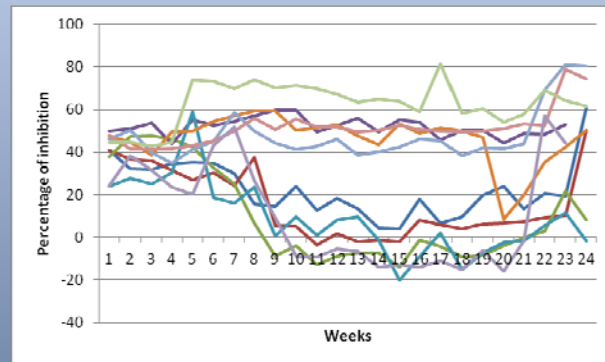
Drawbacks

- Increased production costs
- Sero-conversion may hamper outbreak detection
- Quality control protocols to be improved
- Duration of protection not precisely established



Experimental trial of an inactivated **CBPP** vaccine

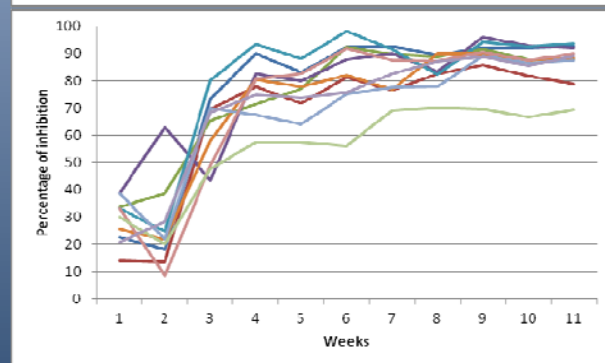
Production of the antigen and inactivation at CIRAD
Preparation of an oil-emulsion at SEPPIC



Weak sero-conversion at KARI (Kenya) after a single shot SC

No Protection

Animals may have been immunocompromised
(CD4 T-cells are not responding to controls)



Rapid and persisting sero-conversion at LCV (Mali) after two
Shots IM

Complete protection

CBPP vaccines

There is a need for improved quality control procedure

Inadequate vaccines are available on the market

Existing control procedures do not warrant

- Antigen identity
- Immunogenic power

Shelf-life and thermostability not established



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CAPRIVAX™

Inactivated Contagious Caprine Pleuropneumonia Vaccine

COMPOSITION

CAPRIVAX™ is an inactivated Contagious Caprine Pleuropneumonia vaccine prepared from *Mycoplasma capricolum* subspecies *capripneumoniae* (Mccp), originally known as the F38 biotype. The vaccine contains lyophilised Mccp suspended in saponin. Each vaccinal dose contains a minimum of 0.15 mg of mycoplasma.

Attenuated freeze-dried Contagious Caprine Pleuro-Pneumonia (CCPP) vaccine
Attenuated freeze-dried Contagious Caprine Pleuro-Pneumonia (CCPP) vaccine.



Dosage and Administration

Animal	Administration route	Dose and Vaccination Schedule	
		1 st Vaccination	Annual Periodic Vaccination
GOATS	S/C	0,2 ml	0,2 ml

Packing: 20, 50 and 100 dose freeze-drying vaccine with vaccine diluent

Vaccine Composition: It contains minimum 2,5 x 10⁸ CFU BQT *Mycoplasma mycoides capri* strain.

Indications: It is for prophylactic vaccination against CCPP of goats.

OK



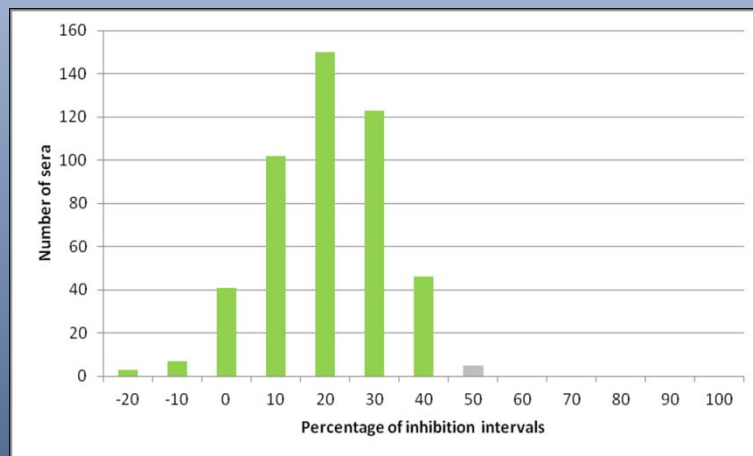
A specific cELISA test for the evaluation of **CCPP** vaccine quality

Based on the use of a monoclonal antibody

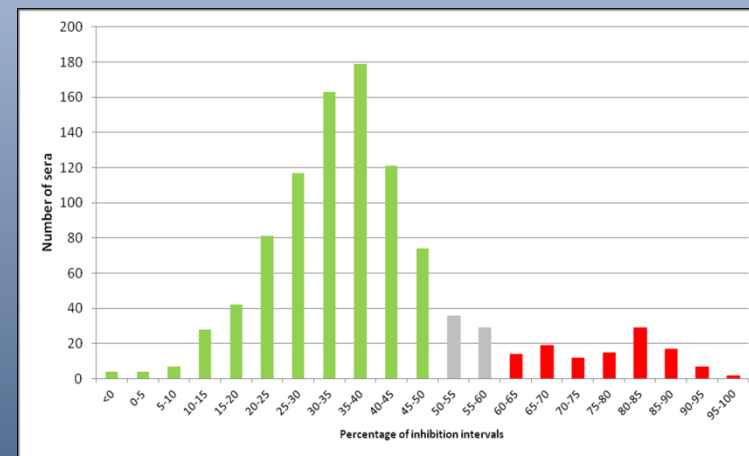
Production transferred to IDEXX-Montpellier

Validation dossier accepted by the French Committee of accreditation

CIRAD accredited ISO-17025 for this test



Distribution of PI values in French goat herds
That were shown to be infected by mycoplasmas
Of the mycoides cluster but not by Mccp



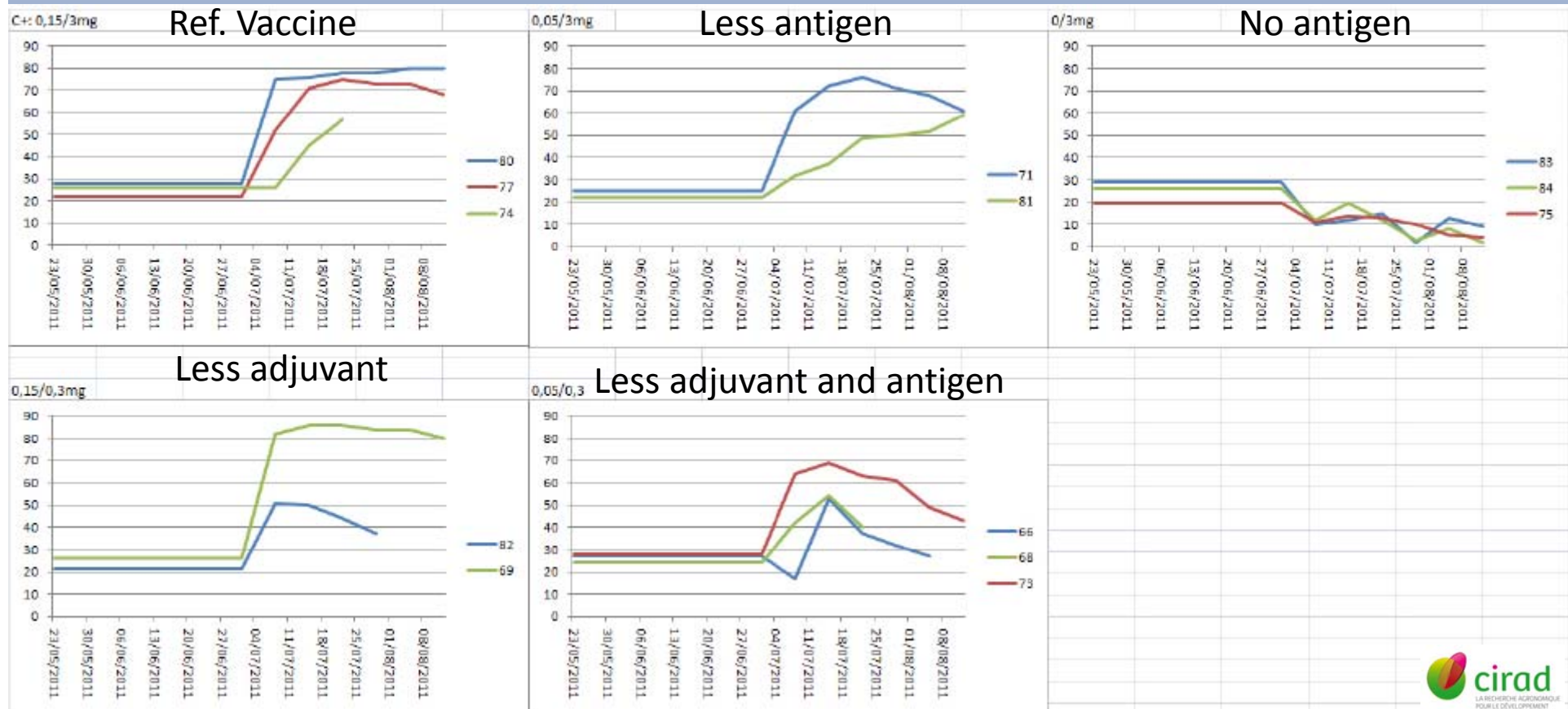
Distribution of PI values in Ethiopian goat herds
In a region where CCPP is enzootic (Afar depression)

Validation of sero-conversion after CCPP vaccination with AU-PANVAC

- Production of a reference CCPP vaccine batch (CIRAD)
- Vaccination of goats with various amounts of antigen and adjuvant (PANVAC)
- cELISA testing (CIRAD)



There is a correlation between sero-conversion intensity and Antigen or Adjuvant quantities which can be used to quality control CCPP vaccine batches



Conclusions and perspectives 1/2

CBPP and **CCPP** have been eradicated from zones, countries or continents in the past

They persist today in many countries (Africa mostly) and their distribution is expanding

Massive slaughter of infected animals or herds may not be socially acceptable any more

Prudent use of antibiotics may control these diseases, however

- Most probably, antibiotics alone will not lead to eradication
- There is a global trend to reduce the use of antibiotics (WHO, FAO, OIE) as antibioresistance is certainly the most fearful threat for human health

Antibiotics could be used in combination with vaccines in « cost-effective » strategies

Conclusions and perspectives 2/2

Vaccination implementation is very often not satisfactory

- Vaccines are very often not quality controlled
- There are very few incentives for the proper implementation of vaccination

Lack of national funds

Lack of international incentives (contrarily to FMD and PPR)

Vaccinations must be implemented within a logical framework

- Within countries, thanks to epidemiological analysis
- At a regional (trans-national) level

Vaccines can and must be improved

Thanks for your attention

Thanks to all the colleagues
that contributed to these
results, within the VACNADA
project or elsewhere



